RFP-4-46
ATTACHMENT D
BUSINESS REQUIREMENTS

1.1 System Overview: Current Environment

1.1.1.   DART

System Name:	DART (Developmental Disabilities Automated Resource Tool)
System Purpose:	Case management.
General Overview:	DART is a case management tool developed for the Bureau of Developmental Disabilities Services (BDDS). DART has several additional functions such as an Incident Tracking system which records initial incidents and follow-up activity relating to the resolution of the incident. DART captures data relating to a customer's future needs, caregiver age, the geographic region and/or where the individual would like to receive services, relative urgency of needs and what services would be most appropriate for the individual. DART also includes a billing system, which audits a provider's claim against an individual's Individualized Community Living Budget (ICLB) before the claim is paid. DART has a linkage to the Bureau of Aging and In Home Services' INsite application. DART and INsite can share customer demographic information. DART reads and writes data to INsite in the course of determining eligibility for individuals for Waiver Services.
	Data collected includes client demographics, fiscal information, service needs, and incident report information. Plans call for web based data entry in the future.
Client(s):	Persons with developmental disabilities.

1.1.2.   INSITE

System Name:	INsite
System Purpose:	Case management.
	This software (Visual FoxPro) was created by Bureau of Aging and In-Home Services (BAIHS) and is used by all Area Agency on Aging (AAA) case managers. The system records all case file information, demographics, eligibility information, activities and instrumental activities of daily living, costs associated with services, vendor information, quality improvement measures, and other associated information.
General Overview:	The INsite tracking systems begins with data entry by case managers. Case managers enter information including demographics, functional assessments level of care, family and community support systems, limitations in activities of daily living (ADLs) and instrumental ADLs, nutrition risk assessment, consumer goals, planned services, costs and frequency of services, funding sources, initiation and stop dates,

quality assurance measures, and other data elements. This information is then electronically transmitted to the State office.

Other data relevant to this system includes: the cost and units of personal attendant services, number of providers, costs and time to manage the fiscal activities for consumers, demographics of participants, ICD-9 codes of participants, and total costs of services.

1.1.3.   IRIS

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System Name:	IRIS
System Purpose:	Case management. The focus is on placing clients in work settings.
General Overview:	The IRIS (Indiana Rehabilitation Information System) is a comprehensive case management system. IRIS is an employment outcome program that can be used as a case tracking and administration tool by counselors in all programs that focus on placing clients in work settings. IRIS tracks the events related to a case from the point of referral, eligibility determination, service rendering, and placement, to the ultimate closure of a case and subsequent follow-up. Information captured with IRIS is designed to help a counselor understand the unique problems, concerns, and employment requirements of a client. IRIS protects the confidentiality of customer and case information. IRIS meets all federal 911 reporting requirements. IRIS has an open architecture to protect software and hardware investments.
Client(s):	To be eligible for Vocational Rehabilitative Services (VRS), a person: must have one or more physical or mental impairments which constitute or result in a substantial impediment to employment; be able to benefit from VRS in terms of employment; and require VRS to prepare for, enter, secure, retain, or regain employment

1.2. High-level Business Processes

The following diagrams are a sample of the entire Human Services Case Management operation within DDARS. The DDARS Case Management Related Process Model should provide respondents with a reasonable idea of the scope of functions the systems shall address.
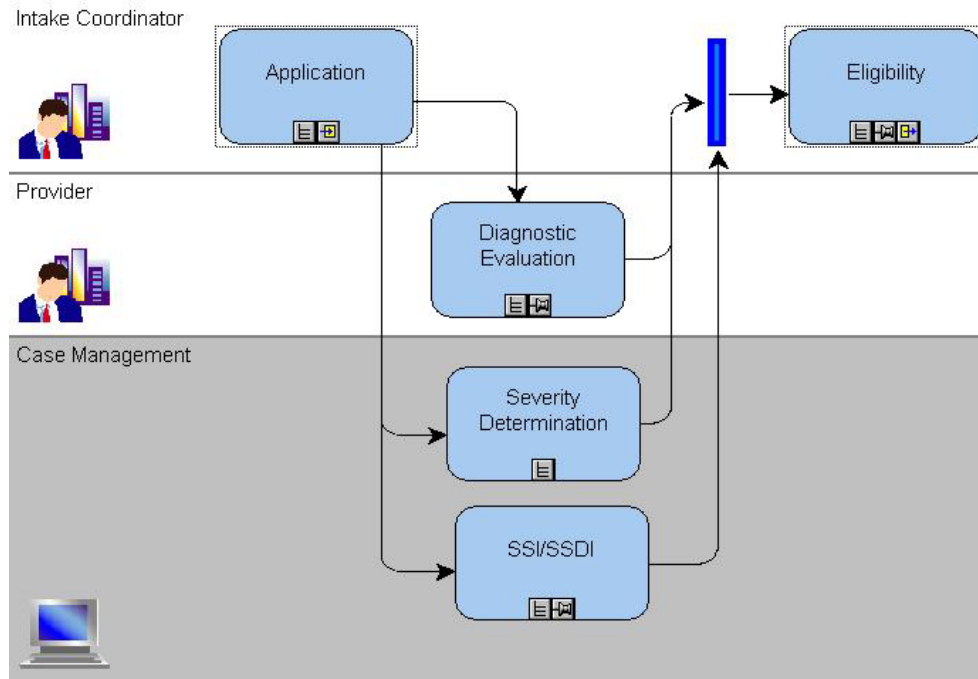
1.2.1. DDARS Case Management Related Process Model
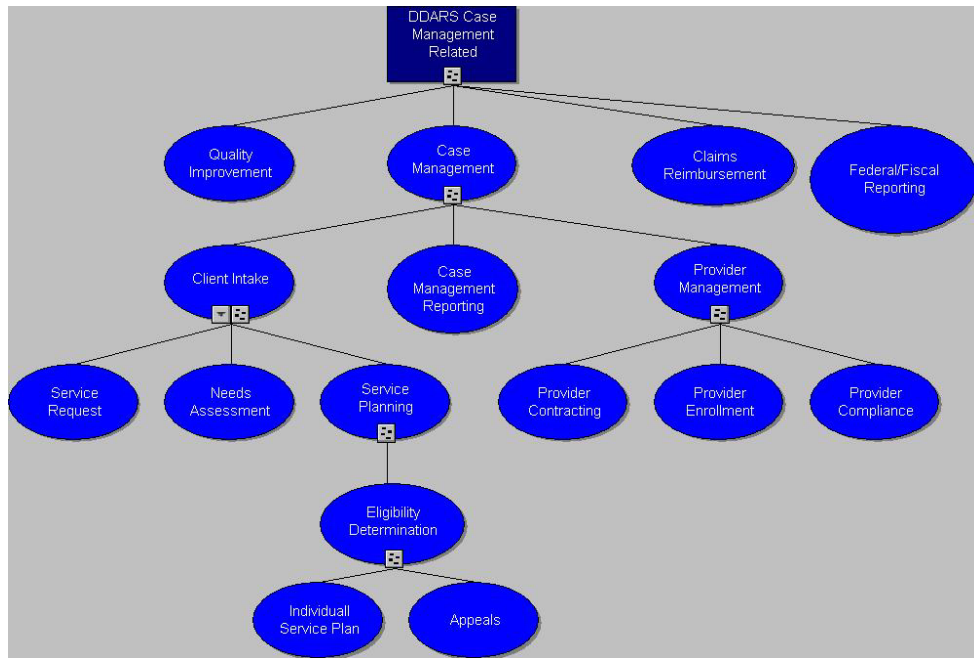
1.2.2. Client Intake Process Workflow
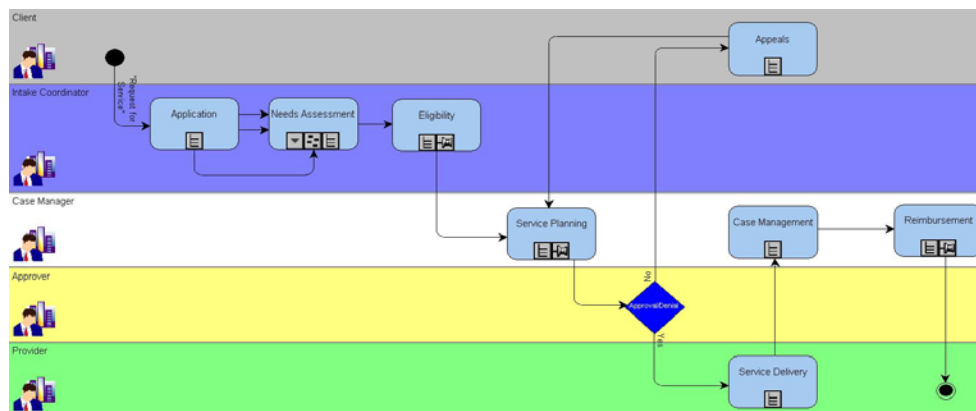
1.2.3. Needs Assessment Activity Workflow

1.3. User Characteristics

Types of Users	End users are the individuals or systems that use software applications. Their primary responsibilities do *not* include software development or maintenance. The following table lists the DDARS Case Management System users, their role descriptions, and the activities they perform while using the system.

Type of User	Description	Activities
User 1	Case Manager	• Routine Case Management • Assessments • Plan Development
User 2	Supervisor	• Oversight of Case Management Process • Plan Approval • Reporting
User 3	Provider Administrator	• Case tracking • Provider Info • Billing/Payment
User 4	Waiver Specialist	• Case Review • Eligibility Determination • Enrollment Functions
User 5	State Monitor	• Oversight of requirements and activities • Monitoring • Reporting
User 6	State Fiscal	• Financial review • Approval • Reporting
User 7	State Director	• Monitoring • Approval of plans and expenditures • Reporting
User 8	Tech Support	• Routine Tech Support

1.4. Requirements Organization

1.4.1. Categories and Numbering

Abbreviations

There are nine categories for requirements in this document. Those categories and their abbreviations are as follows:

F	Functional	A	Availability
P	Performance	S	Security
D	Data - Information	M	Maintenance
I	Interface	C	Constraint
		R	Reporting

Numbering

Requirements may be sequenced according to category and numbering.

Example	Meaning
F	Functional category
1.1	#1 in the set of functional requirements for a system.
1.2	#2 in the list of sub-requirements that provide detail for the first functional requirement

1.4.2. Priority

Priority

Each requirement in this document has an assigned priority as follows:

M - Mandatory   Requirement must be satisfied before the system is placed in production.

D - Desirable   Requirement supports a useful feature that could be postponed with the users' approval.

O - Optional   Requirement specifies a feature that could be omitted without affecting the system's viability.

1.5. Requirements Traceability

Traceability Concepts — Application development 'Best Practices' require that the design and testing of a system can be traced to the approved requirements. The following flowchart depicts forward and backward traceability:
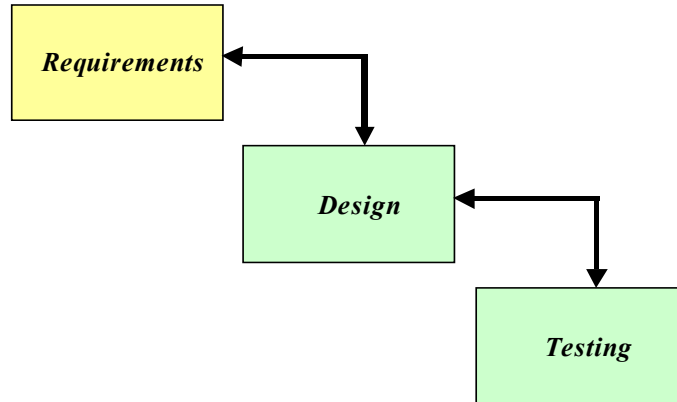
Linking requirements, design, and testing helps to ensure that all requirements are tested and that the system is designed and coded according to the users' requirements.

Traceability Tool — The following DDARS Case Management System RTM spreadsheet will provide traceability from requirements through design and testing.

Requirements Traceability Matrix — A requirement traceability matrix (RTM) provides documented proof that all requirements for a system link to at least one test case. This matrix or its supporting scripts identify the final status of each test case and related incidents.

All test cases linked to mandatory requirements must have a status of Pass, an exception or an approved workaround, before a system can be moved into production. Detailed requirements may link to a component in the design documentation.

Req. ID	Priority	Design ID	Test Script ID	Status (P/F)	Run Date
[F1.1]	[M]	[D1]	[TS1]	[Pass]	[02/02/2000]
[F1.2]	[M]	[D2]	[TS2]	[Pass]	[02/10/2000]

| [P1.3] | [O] | | [TS3] | | |
| [S1.1] | [M] | [D3] | [TS4] | [Pass] | [02/20/2000] |

Note: Users may agree to delay the testing of optional requirements (such as P1.3 in the matrix) in order to meet a deadline.

RTM Template

Provides a traceability template for projects that are not using a commercial tool to manage requirements. The validation team places the document in the testing folder for a project and pastes the approved requirements into the template. The testing team completes the matrix by filling in the remaining columns and matrices.

RTM Development

A project's testing team owns the RTM and the related matrices that provide details for test cases and design components. The updates occur in the following sequence:

Step	Action	When
1	Add each requirement to the requirements traceability matrix (RTM) in the selected tool or spreadsheet.	Upon approval of the requirements
2	Identify key components in the approved design documents.	Upon approval of design documents
	Assign a unique identifier to each design component.	
	Add the design ID next to the appropriate requirement in the RTM.	

3	Create test cases for design components. Add the unique test case ID next to the appropriate requirement in the RTM.	During unit and integration test planning
4	Create test cases for end-to-end testing. Add the test case ID next to the appropriate requirement in the matrix.	During system test planning
5	Add the status (Pass/Fail) of the test cases for each run or for the last run (manual testing).	During test execution

1.6.   Functional Requirements

Definition   Functional requirements are comprehensive statements of the required functionality for a selected system. A functional requirement states *what* the system should do—not how it should work.

Functional Categories   The detailed functional requirements in this section belong to one of the following categories:

- General Information
- Customer Information
- Provider Information
- Financial Information

Requirements Gathering   The project team and key users will employ the following methods to gather and validate functional requirements:

- By interviewing users.
- Through JAD/RAD sessions.
- Through functional team meetings.

1.6.1.   General Requirements

General Requirements   General Requirements represent general system-wide functional attributes that must be provided throughout the DDARS Human Services Case Management System.

No.	Requirement	Priority (M/D/O)
F1.1	System must satisfy requirements, standards, and regulations defined by the Health Insurance Portability and Accountability Act (HIPAA) for the duration of this contract. This includes the standards related to Transactions and Code Sets.	M

F1.2	System must provide the ability to specify whether a Customer, Service Provider, or Vendor record search must be restricted to a specific ZIP Code/ County/Area/District, multiple ZIP Codes/County/Area/District, or across statewide files.	M
F1.3	System must provide the ability to easily inquire on data contained in Human Services Case Management System based on user-defined criteria and user-defined timeframes.	M
F1.4	System must maintain a standard look and feel throughout all modules of Human Services Case Management System.	M
F1.5	System must utilize defaults as applicable (e.g., state code, today's date, etc.) and provide the user the ability to override defaults.	M
F1.6	System must provide the ability to develop, save and send local and statewide form and letter templates, send and request responses, and archive communications. Templates must utilize data maintained in Human Services Case Management System. System must be compatible with state email system.	M
F1.7	System must allow the ability to print forms and letters in regular font size or enhanced font size as well as generate and print mailing lists and labels	D
F1.8	System must provide the ability to designate the default printer and the ability to change the printer, as needed, view print preview and print specific changes.	M
F1.9	System must provide the ability to print batch runs now or queue the print for a later time	M

F1.10	System must provide the ability for an authorized user to apply mass changes across data records (e.g., area code change, zip code change, service code change, etc.).	M
F1.11	All modules within the Human Services Case Management System must automatically interface real-time to eliminate duplicate data entry and data redundancy and to enable balanced financial accounts.	M
F1.12	System must maintain a historic event summary for each Customer and Vendor that includes the event, event type, and event date.	M
F1.13	System must provide the ability to enter a comment for a specific history record.	M
F1.14	System must provide the ability for authorized users to remotely access Human Services Case Management System through a DTS/DDARS approved security infrastructure	M
F1.15	System must provide the ability for on-line approval of documents (e.g., Customer transfers, purchase/contract requests, disbursement requests, Incident Reports, etc.). System must accommodate multiple approvers for a single document.	M
F1.16	System must provide the ability for authorized users or centers to define approval levels, approval requirements and approvers based on the document characteristics.	M
F1.17	System must provide the ability to define approval levels that include authorizing dollar amount.	M

F1.18	System must automatically log the date a document was approved, the user and the approver.	M
F1.19	System should provide the ability for authorized users to submit Service Provider data updates via the Internet. System must perform validation edits on this data prior to uploading it into Human Services Case Management System.	M
F1.20	System should provide the ability for the on-line routing of documents for review and approval (e.g., Customer transfers, purchase requests, Special Incident Reports, etc.).	M
F1.21	System should accommodate routing a single document to multiple reviewers.	M
F1.22	System should provide the ability for each AREA/County/District to define routing and approval rules for their area/county/district..	M
F1.23	System should provide the ability for authorized users to view Area/County/District defined Customer and Service Provider data via the Internet in accordance with all HIPPA requirements.	M
F1.24	The system must allow for State personnel to create and maintain roll-based and user-level security profiles	M
F1.25	The system shall comply with all Federal and State requirements regarding the capture and storage of electronic signatures	M
F1.26	The system must maintain current actual and projected slot tables.	M

F1.27	The system must maintain historical actual and projected slot tables.	M
F1.28	The system must maintain current unmet demand by type of service and individual	M
F1.29	The system must maintain historical unmet demand by type of service and individual	M
F1.30	The system must provide extensive on-line searchable help files for all functions	M
F1.31	The system must support the transfer of single or multiple cases from one to many.	M
F1.32	Case transfer within an Area must be performed by: ❑ Area Supervisor ❑ Area Secretary ❑ Region Manager ❑ Regional Secretary	M
F1.33	Case transfers within a Region must be performed by: ❑ Area Supervisor ❑ Area Secretary ❑ Region Manager ❑ Regional Secretary	M
F1.34	Case transfers across Regions must be performed by: ❑ Regional Managers ❑ Regional Secretaries	M
F1.35	Cases can only be transferred to active employees.	M

No.	Requirement	Priority (M/D/O)
F1.36	The system must maintain complete case notes	M
F1.37	The system must support TTW/SSA reimbursement	M
F1.39	The system must be able to provide the Eligibility, Intake and/or Referral function required by each functional area.	D
F1.40	System must be able to interface with third-party systems which provide Eligibility, Intake and/or referral function to each functional area.	D

1.6.2.　　　　　　　Customer Information

Customer Information

The Customer Information requirements define the functional attributes associated with Intake Coordination, Service Coordination, and Diagnostic and Evaluation business functions. Specifically, these requirements include the tracking of Customer application data, assessment scheduling, Customer registration, and Customer demographic and diagnostic and evaluation data. In addition, this section includes requirements related to the tracking of Customer-related time-sensitive events, outcome, progress reports, updated diagnostic and evaluation data, and medications and collecting and tracking Targeted Case Management/Case Management activities (Title XIX) information.

No.	Requirement	Priority (M/D/O)
F2.1	System must provide the ability to enter Customer demographic Information	M
F2.2	System must provide the ability to enter Customer relationship Information	M

F2.3	System must maintain a Customer status, respective status start/end date, and status history. System must prompt the user when a Customer's status changes as to whether approved purchase request must change.	M
F2.4	System must provide the ability to define different timeframe due dates based on Customer characteristics (e.g., Medically Fragile, Community Placement Plan, etc. Level Of Care code, waiver customer, state line item customer, VR customer, etc.).	M
F2.5	System must provide the ability to enter the Vendor number of a residential facility and a day program for a Customer.	M
F2.5	System must provide the ability to enter day program information including Vendor number, type, and start/end date.	M
F2.6	System must notify the user whether an approved purchase request exists for this Vendor and Customer.	M
F2.7	System must automatically identify if the Vendor has a valid status within Human Services Case Management System.	M
F2.8	System must provide the ability to enter multiple day programs for a Customer.	M
F2.9	System must provide the ability to identify Customers that previously or currently reside in DDARS State Developmental Centers.	M
F2.10	System must maintain Customer & Vendor financial information (i.e., open purchase requests, approved purchase requests)	M

F2.11	System must automatically retrieve this information from the Human Services Case Management System.	M
F2.11	System must provide the ability to identify Customers approved for the self-determination program.	M
F2.12	System must provide the ability to define a high-level budget for a Customer based on service code, identify waiver eligibility, track purchase requests and actual spending against the Customer's budget, and enter service provide/vendor information	M
F2.13	System must provide the ability to enter and historically track health provider information such as name, address, phone number, specialty, and vendor number.	M
F2.14	System must provide the ability to enter Medicaid waiver information including type of waiver and Cost Comparison Budget.	M
F2.15	System must provide the ability to enter multiple waivers for a Customer.	M
F2.16	System must maintain a history of waiver data.	M
F2.17	The system must provide intake coordination requirements relate to the entering and tracking of application activity data and initial assessment and diagnostic evaluation data of the applicant.	M
F2.18	System must automatically identify to the user any Customers in the statewide database that have the same last name and date of birth of a new Customer record being added to prevent duplicate entry of a Customer.	M

F2.19	System must provide the ability to lookup Customers by: ❑ Customer Identifier ❑ Last Name ❑ Date Of Birth ❑ Social Security Number ❑ RID Number ❑ Alias Names	M
F2.20	The lookup must include exact matches, "soundex", and wild card searches.	M
F2.21	System must automatically generate a unique pre-registration and registered Customer identifier.	M
F2.22	System must prohibit the duplicate assignment of a Customer identifier across AREA/County/Districts	M
F2.23	System must provide the ability to log intake inquiries including date of inquiry, method of inquiry, inquirer's name, last date of contact, action taken, and assigned staff.	M
F2.24	System must provide the ability to enter initial inquiry data and generate a completed Intake and Inquiry form.	M
F2.25	Referrals System must provide the ability to track who referred a Customer.	D
F2.26	System must maintain a history of activities related to a Customer's application review process.	M

F2.27	System must track eligibility data including eligibility decision date, whether a Customer was deemed eligible, and eligibility notification date.	M
F2.28	System must accommodate multiple entries related to eligibility reviews (i.e., multiple eligibility reviews at different points in time).	M
F2.29	System must maintain a history of eligibility information related to a Customer.	M
F2.30	System must provide the ability to enter diagnostic and evaluation data.	M
F2.31	System must be able to accommodate a tiered assessment structure.	M
F2.32	System must automatically prompt users when a Customer may qualify for a Medicaid waiver based on diagnostic and evaluation data	M
F2.33	The system must provide for Service Coordination activities including: ❑ Customer Plans ❑ Periodic Reviews ❑ Medications ❑ Special Incidents ❑ Tracking Of Targeted Case Management ❑ Case Management ❑ Identification Of Customer Needs ❑ Transition Review ❑ Potential Service Providers.	M
F2.34	System must provide the ability to develop plans and periodic review documents (e.g., Annual, Quarterly, etc.) within Human Services Case Management System.	M

F2.35	System must provide the ability for a user to define discrete objectives for a Customer within a plan types.	M
F2.36	System must provide the ability to develop personalized plans including but not limited to: ❑ Personal Outcome Plans ❑ Individualized Support Plan	M
F2.37	System must automatically identify available Service Providers that meet a defined Customer's need.	M
F2.38	System must provide the ability to narrow a services search by Customer demographics, service type (e.g. Day programs, etc.), service code, and/or Customer diagnostic characteristics	M
F2.39	For each potential match, the system must provide the respective Service Provider name, location, rate, and vacancy information	M
F2.40	System must provide the ability to track service options presented to a Customer, visitation information, and the selected option.	M
F2.41	System must provide the ability to print out a Plan the use of user selectable documents.	M
F2.42	System must provide the ability to create an Incident Report.	M
F2.43	The system must provide the ability to identify the source of the report (e.g., Vendor, Customer, etc.).	M
F2.44	System must provide the ability to interface with existing Incident Report systems as required.	M

No.	Requirement	Priority (M/D/O)
F2.45	System must provide the ability to report/query statistical information associated with Incident Reports.	M
F2.46	System must provide the ability to define Targeted Case Management/Case Management service types and indicate TCM or CM as applicable to the customer.	M
F2.47	System must provide the ability to identify Service Coordinators/Case Managers who are eligible to provide Targeted Case Management and Case Management	M
F2.48	System must be able to generate Target Case Management/Case Management-related letters, forms, and reports	M
F2.49	System must provide the ability to enter purchase requests for a Customer.	M
F2.50	The purchase request must integrate with the Human Services Case Management System Financial module.	M
F2.51	System must provide the ability to view all Customers with open and/or approved purchase requests by service code, Vendor/service provide name, Vendor/service provider number.	M

1.6.3.   Provider Requirements

Provider Requirements

The Vendor Information requirements define the functional attributes associated with the vendor application process and the approval of qualifying vendors, as well as the monitoring of Service Provider vendors.

No.	Requirement	Priority (M/D/O)

F3.1	System must provide the ability to define and maintain on-line DDARS/OMPP approved and AREA/District/County approved service codes and their respective descriptions.	M
F3.2	System must enforce that service codes defined in Human Services Case Management System and follow HIPAA and CMS HCFA rules.	M
F3.3	System must provide the ability to enter geographical area(s) serviced by a Service Provider	M
F3.4	System must provide the ability to associate multiple Service Providers, programs, and locations to a single owner and/or tax identifier.	M
F3.5	System must be able to associate Service Providers "Doing Business As" with the correct parent company.	M
F3.6	System must provide the ability to enter Service Provider references (e.g., age, geographic area, etc.), and special services that can be supported by the Service Provider	M
F3.7	System must provide the ability to enter facility status and start/end date.	M
F3.8	System must provide the ability to enter Service Provider facility location information and characteristics.	M
F3.9	System must provide the ability to enter exceptions and waiver information.	
F3.10	System must provide the ability to identify a facility as residence type and enter related information.	M

F3.11	System must automatically generate a unique pre-registration and registered Vendor number based on the Vendor type. If the Vendor is a Service Provider, the identifier must satisfy HIPAA requirements.	M
F3.12	System must prohibit the duplicate assignment of a Vendor number across AREA/County/Districts.	M
F3.13	System must provide the ability to enter global rate information for a specific service codes including, authorized rate, lower/upper rate limit, unit of service, guidelines, historical information, effective date, and expiration date, based on source (DDARS contracts, service definitions, etc.)	M
F3.14	System must provide the ability to enter Service Provider specific rate information associated with a service/sub code including cost statement rate, negotiated rate, authorized rate, rate type , effective date, expiration date, authorized lower/upper rate limit, unit of service, and comments. System must provide the ability to query this information.	M
F3.15	System must provide the ability for each AREA/County/District authorized users to define AREA/County specific rates for each Service Provider and service code.	M
F3.16	System must provide the ability to define multi-rate schedules that can be applied based on usage (e.g. number hours of usage, units of service received, etc.).	M
F3.17	System must provide the ability to apply global rate changes for all Service Providers, for all Service Providers serving a specific AREA/County/District/County or for all Service Providers within a specific service code.	M

F3.18	System must generate a message to the user when the Service Provider's proposed rate is above the upper rate limit or below the lower rate limit.	M
F3.19	System must provide the ability to apply retroactive rate changes based on the start date of the rate change.	M
F3.20	System must maintain a rate history for each Service Provider	M
F3.21	System must provide the ability to enter Service Provider cost determination information including administrative cost information.	M
F3.22	System must provide the ability to enter rate adjustments requested by a Service Provider, reviewer, decision date, and effective date.	M
F3.23	System must provide the ability to track Provider Monitoring related information including but not limited to historical information, audit findings (both FSSA audit and independent audits), letters to provider and reports for provider.	M
F3.24	System must provide the ability to track reports of Customer progress information.	M
F3.25	System should provide the ability for a Service Provider to complete and submit specific forms (e.g., Incident Reports, monitoring reports, etc.) via the Internet. System must perform validation edits on this data prior to uploading it into Human Services Case Management System.	M

1.6.4.   Financial Information

Financial Information   The Financial requirements define the functional attributes
                         associated with the accounting and financial processes
                         performed locally at each Area/District/County, as well as by
                         DDARS central offices. This includes the recording and
                         tracking of revenues and expenses for the
                         AREA/District/County and the State, as well as Customer
                         specific revenue (i.e., source of funds) and expenses (i.e.,
                         Service Provider payments).

No.	Requirement	Priority (M/D/O)
F4.1	System must maintain on-line the current year and seven prior years of accounting data	M
F4.2	System must provide the ability to support electronic funds transfer (EFT), electronic data interchange (EDI) with Vendors, and electronic billing.	M
F4.3	System must create OMPP/Medicaid invoices (HCFACMS/HIPPA data formats) and State Line Item invoices.	M
F4.4	System must provide ability to process CHOICE, Title III, and SSBG invoices received from service providers.	M
F4.5	System must provide the ability to generate state-required financial statements (on State fiscal year).	M
F4.6	System must provide the ability to generate federal required financial statements (on Federal fiscal year).	M
F4.7	System must provide the ability to associate a state claim to an invoice payment.	M

F4.8	System must provide the ability to associate the state claim to the Service Provider's invoice and all the respective Customers reflected in the Service Provider's invoice.	M
F4.9	System must provide the ability to associate an applicable purchase request to a Customer's PLANS objective.	M
F4.10	System must provide the ability to associate a Customer's/Consumer's plan of care or budget to actual expenditures for that individual.	M
F4.11	System must automatically update a Service Provider's facility vacancy information based on approved purchase request data.	M
F4.12	System must provide an on-line warning when a new purchase request/plan of care will result in a Service Provider exceeding its defined capacity	M
F4.13	System must have ability to track invoices for Service Providers that have provided goods and services to a Customer and are paid by an Area/District/County using state and federal funds entitled to the respective Customer.	M
F4.14	System must automatically interface real-time with the FSSA Contract Management System and perform three way matching between contract/PO/ invoice payment	M

1.7. Performance Requirements

Definition Performance requirements measure the execution of the system; for example, the number of terminals supported simultaneously.

1.7.1. Response Time

Response Time The following requirements address the system's response time for data entry and reporting activities:

No.	Requirement	Priority (M/D/O)
P1.1	The project team shall measure the average time that it takes to print or display a report when ten or more users access the system simultaneously.	M
P1.2	On average, the system shall display screens within one (1) seconds of initiating a request.	M
P1.3	The system shall respond to a query within five (5) seconds. This response could be a completed query or an information box asking permission to continue.	M

1.7.2. General Performance

General Performance The following requirements address general performance issues such as number of users that a system should support and the required time for transferring data.

No.	Requirement	Priority
P2.1	The system shall support up to 1500 concurrent users with less than 5 % degradation in response time.	M

P2.2	The user shall always be informed of what the system is doing. This may be the cursor changing to an hour glass, an information box stating that the system is working, or a status bar showing the amount complete of the task in progress.	M

1.8. Information (Data) Requirements

Definition | Data requirements provide the data and information necessary to support the business areas that use a system or business process.

1.8.1. Data Reliability

Data Reliability | The following requirements address the reliability of data in the system:

No.	Requirement	Priority (M/D/O)
D1.1	The system shall provide an audit trail for changes to data.	M
D1.2	The system shall display data converted from the INSIGHT, DART and IRIS systems currently in production within DDARS.	M
D1.3	System shall maintain referential integrity at all times.	M
D.14	System shall employ a transaction log file that may be recovered.	M

1.8.2. Data Movement

Data Movement | The following requirements address the movement of data to and from the central database:

No.	Requirement	Priority
D2.1	The system shall be able to transfer data from remote systems to a central database.	M

D2.2	The system shall be able to transfer data from a central database to remote systems.	M
D2.3	The system shall be able to import and export third-party data.	M
D2.4	System must automatically generate files in the current application systems data extract format in order to support legacy applications that will continue to use the DTS/FSSA statewide database.	M
D2.5	The system shall provide Web Services capability for the implementation of external system interfaces	M
D2.6	The system shall provide standard transaction descriptions suitable for publishing via web services capability.	M

1.9. Interface Requirements

Definition — User Experience requirements describe the user interface and conditions necessary for interacting with the site.

1.9.1. User Experience

User Experience — The following requirements address the function of the User Experience:

No.	Requirement	Priority (M/D/O)
I1.2	The user shall be able to view in-progress indicators during data transfer.	M
I1.3	The system shall provide on line help screens.	M
I1.4	System must include sufficient on-line data edits and features (e.g., pick lists, checkboxes, etc.) that will prohibit the entry of inaccurate and/or inappropriate data.	M
I1.5	System must provide the ability to navigate throughout Human Services Case Management System via pull-down menus/sub-menus and short-cut keys. Short-cut keys must be easily recognizable.	M
I1.6	System must provide standard windows features including menu bars, maximizing & minimizing functions, pick-lists, copy and paste functionality, and pop-up windows (where appropriate), text wrapping, and text insertion without compromising existing text.	M
I1.7	Systems shall support all accessibility aspects from section 508 of the American's with Disabilities Act	M

1.9.2. Internal Interfaces

Internal Interfaces   The following requirements address the integration of
                       components:

No.	Requirement	Priority
I2.1	The interface shall be compatible with the hardware and software described in the Constraints section of this document.	M
I2.2	The system shall receive data to the following applications: ❑ Indiana AIM (EDS Claim) ❑ FSSA CMS (Contract Management System)	M

1.10. Reporting Requirements

Definition   Reporting requirements define the types of structured documents the system should produce in order for the various business units to assess performance of the various bureaus and to report to respective federal agencies.

No.	Requirement	Priority (M/D/O)
R1.1	The system shall produce all NAPIS reports.	M
R1.2	The system must provide standard outputs, such as reports, forms, letters, that can be easily selected from the Humans Services Case Management System by all District and Central office users	M
R1.3	The system must provide the ability to filter on: ❑ Key data field contained n the output ❑ Date	M
R1.4	System must provide ability to preview reports prior to submission to printer.	M
R1.5	System must provide the ability to save electronic versions of each report in Adobe Portable Document Format (PDF).	M
R1.6	System must provide the ability to create and save ad hoc reports.	M
R1.7	The system shall be able to export reports to MS Word and MS Excel files	M

R1.8	The system must be able to calculate and report on cost share, by customer or county, and generate letters to the consumer	M
R1.9	System must provide the ability to easily inquire on data contained in Human Services Case Management System based on user-defined criteria and user-defined timeframes.	M
R1.10	System must provide the ability to enter information requests made by a State agency to an external party including name of agency, request date, requestor's name, type of request, contact medium (e.g., phone, fax, etc.), agency contact name and phone number, and date received.	M

1.11. System Availability Requirements

| Definition | Availability defines the level of in-service operation for the system and the accessibility of the system and stored data. |

1.11.1. Support Services

| Support Services | The following requirements address the availability of support services. |

No.	Requirement	Priority (M/D/O)
A1.1	The system shall be able to transfer (download) data as required by "consumer" (downstream) systems.	M
A1.2	Users shall receive an alternate page notifnotifyingy them users of system unavailability caused by system maintenance. Every attempt should be made to minimize the affected users.	M

1.11.2. Accessibility

| **Accessibility** | The following requirements address the accessibility of the system: |

No.	Requirement	Priority
A2.1	The system shall be available seven days per week, 24 hours per day (excluding scheduled maintenance).	M
A2.2	The system shall present information to the user in a manner compliant with the Americans with Disability Act.	M

1.12. Maintainability Requirements

Definition   Maintainability requirements ensure that components of a system (hardware, software, and database) are supported.

1.12.1. Database Maintenance

Database Maintenance   The following requirements address maintenance of the production database:

No.	Requirement	Priority
M2.1	A database administrator (DBA) shall be available to restore and rebuild the production database within a negotiated time frame.	[M]M
M2.2	The production database and libraries shall be backed up daily.	M
M2.3	The production database will be able to store all data required for lookups or reporting as required by federal rules.	M

1.13. Design Constraints

Design Constraints   Design constraints are assumptions. Constraints include
                      compliance to standards, regulations, hardware, and software.

No.	Requirement	Priority (M/D/O)
C1.1	The system shall use a Relational Database Management System for its database activities. Examples of such are: • MS SQL Server 2000 • Oracle Database Enterprise Edition • IBM UDB	M
C1.2	The system shall run on an N-Tiered architecture with the following: Web (Presentation) Server – Unix/Linux or MS Windows 2000 Server Application Server – Unix/Linux or MS Windows 2000 Server Database Server – Unix/Linux or MS Windows 2000 Server	D D M
C1.3	The customer will be a browser of the following: • Microsoft Internet Explorer v5.01 or greater • Netscape Navigator v4.0 or greater	M

C1.4	The system shall provide that all content shall be displayed in a maximized browser window with a screen resolution of 800 by 600 pixels.	M
C1.5	The system shall assume that all content not contained within the site is in HTML, Portable Document Format or Microsoft Word and will be opened in a new browser window so as not to displace the users location in the site.	M
C1.7	The system shall provide a local paging mechanism for content that required more screen area than is provided in constrain C1.4.	M
C1.10	The system shall be XHTML v1.0 complaint for future Web Services compatibility.	M